

Clean Water (Wastewater) Application

Water Infrastructure Finance Authority of Arizona (WIFA) Project Technical Assistance Priority List Application (Use Separate Application for Each Project)

Application # TA CW - _ _ _ - 2007 (WIFA use only)

SECTION 1: APPLICANT INFORMATION

- 1.0 Applicant:
- 1.1 Contact:
- 1.2 Address:
- 1.3 Phone #:
- 1.4 FAX #:
- 1.5 E-mail Address:
- 1.6 County in Which Project is Located:
- 1.7 Number of Connections to System:
- 1.8 Population Served by the System:
- 1.9 Average Monthly Fee (Base + Usage): \$
- 1.10 Existing Debt on the System: \$
- 1.11 Estimated or Actual Median Household Income: \$
- 1.12 APP # or AZPDES #:
- 1.13 Prior Year WIFA Funding Number (grant or loan):

SECTION 2: PROPOSED CLEAN WATER TECHNICAL ASSISTANCE PROJECT

- 2.0 Project Title/ Name:
- 2.1 Is the proposed project for Pre-Design activities, i.e. system evaluation, feasibility study, district formation, etc., or Design activities, i.e. engineering plans and specifications, value engineering, etc. (*check one*):
☐ Pre-Design ☐ Design
- 2.2 Attach and / or briefly summarize below the reason for and the description of the proposed project.
(Include supporting documentation.)
- 2.3 Project Description (*Check appropriate Project Category or categories and Project Type*)
 - ☐ Facility Upgrade (*Check Project Type*)
 - ☐ Meet More Stringent Standards
 - ☐ Relieve Existing Design Inadequacies
 - ☐ Resolve Existing O/M Violations
 - ☐ Other
 - ☐ Collection Lines (*Check Project Type*)
 - ☐ Rehabilitate or Replace Existing Lines
 - ☐ Extend Service to Unsewered Area
 - ☐ Other

- ☐ Expand Treatment Capacity (*Check Project Type*)
- ☐ Existing Service Area
- ☐ Unsewered Area Outside Service Area
- ☐ Future Growth
- ☐ Other

2.4 Reclaim, reuse & Recharge

- a. Will the project reclaim, reuse, or recharge the wastewater?
- b. Indicate intended effluent Class (circle one): **A+** **A** **B+** **B** **C**
- c. Will the project recycle wastewater constituents?
- d. If the above answer is "Yes", include the Reuse Permit # or Application Date:

2.5 Consolidation and Regionalization

- ☐ Consolidate Physical Facilities of Existing Multiple Facilities
- ☐ Extending Service to Existing Areas Currently Served by Another Facility
- ☐ Consolidate the Operations of Existing Multiple Facilities
- ☐ Consolidate the Ownership of Existing Multiple Facilities

2.6 System Compliance (Please attach supporting documents):

- ☐ Notice of Violations and/or Consent Orders from regulatory agency
- ☐ ADEQ
- ☐ Other:

2.7 Which of the following will be used for the proposed project? (*Private water companies must allow WIFA to select the contractor. Public entities may choose a contractor through their own procurement process.*)

- ☐ Consultant/Contractor selected by WIFA (*At the applicant's request, WIFA will select a consultant/contractor to assist the application with the proposed project.*)
- ☐ Consultant/Contractor selected by the applicant (*Please List*) _____

SECTION 3: AMOUNT OF PROJECT TECHNICAL ASSISTANCE

3.1 Estimated Technical Assistance Costs & Funding Sources

| Amount Requested from WIFA (\$35,000 max) | Amount Funded Locally by System | Amount Funded from Other Sources | Estimated Technical Assistance Costs |
|--|--|---|---|
| \$ _____ | + \$ _____ | + \$ _____ | = \$ _____. |

3.2 Technical Assistance Grants must include local match funds. Indicate the applicant's contribution.

3.3 Estimated Date WIFA Funding Required:

SECTION 4: CERTIFICATION & APPROVAL

4.1 WIFA requires the governing body of the applicant requesting Project Technical Assistance to adopt a resolution acknowledging and authorizing the request for assistance. Attach a copy of the resolution or indicate the scheduled date for adopting the resolution.

Date Adopted or Estimated Date:

4.2 As the Authorized Representative, I certify that the information contained in this application is, to the best of my knowledge, true, accurate, and correct.

Authorized Representative Name:

Authorized Representative Title:

Authorized Signature:

Date: